

**Political Organization  
Notice of Section 527 Status**

OMB No. 1545-1693

**Part I General Information**

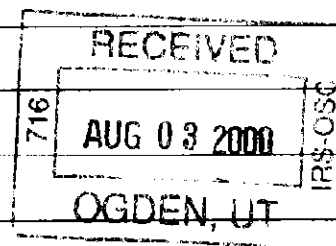
1 Name of organization <b>TED THOMAS Campaign</b>		Employer identification number <b>59 3660394</b>
2 Mailing address (P.O. Box or number, street and room or suite number) <b>6037 VETERANS MEMORIAL DR</b> City or town, state, and ZIP code <b>Tallahassee, FL 32308</b>		
3 E-mail address of organization <b>THOMAS CAMPAIGN.ORG or TedThomas@netally.com</b>		
4a Name of custodian of records <b>JOAN S. THOMAS</b>	4b Custodian's address <b>6037 VETERANS MEMORIAL DR</b> <b>Tallahassee, FL 32308</b>	
5a Name of contact person <b>SAME AS ABOVE</b>	5b Contact person's address	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <b>N/A</b> City or town, state, and ZIP code		

**Part II Purpose**

7 Describe the purpose of the organization  
**political campaign**

**Part III List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address





# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN **59-3660394**  
OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions)	<b>TED THOMAS CAMPAIGN</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	<b>RUSSELL M. HARGREAVES</b>
	4a Mailing address (street address) (room, apt., or suite, no.)	5a Business address (if different from address on lines 4a and 4b)	
	4b City, state, and ZIP code	5b City, state, and ZIP code	
	<b>Tallahassee FL 32308</b>		
	6 County and state where principal business is located	<b>LEON CO., FLORIDA</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►	<b>TED THOMAS</b>	

**8a Type of entity (Check only one box.) (see instructions)**

**Caution:** If applicant is a limited liability company, see the instructions for line 8a.

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|--|--|
| <input type="checkbox"/> Sole proprietor (SSN)   | <input type="checkbox"/> Estate (SSN of decedent)      |
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> Plan administrator (SSN)      |
| <input type="checkbox"/> REMIC   | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government  | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> Church or church-controlled organization  | <input type="checkbox"/> Federal government/military   |
| <input checked="" type="checkbox"/> Other nonprofit organization (specify) ► <b>Political Campaign</b> (enter GEN if applicable) |  |
| <input type="checkbox"/> Other (specify) ►   |  |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► <b>Political Campaign</b>	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)	11 Closing month of accounting year (see instructions)
<b>MARCH 17, 2000</b>	<b>Dec. 31, 2000</b>

12 First date wages or annuities were paid or will be paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	
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13 Highest number of employees expected in the next 12 months. <b>Note:</b> If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural	Agricultural	Household
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14 Principal activity (see instructions) ► <b>Political Campaign</b>	
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15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," principal product and raw material used ►	

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►	<input checked="" type="checkbox"/> N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Note:</b> If "Yes," please complete lines 17b and 17c.	

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	
Legal name ►	Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	
Approximate date when filed (mo., day, year) City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) <b>(850) 668-0301</b>
	Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► <b>TED THOMAS, Political Candidate</b>	
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Signature ► <b>Ted Thomas</b>	Date ► <b>7/31/00</b>
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**Note:** Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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